



State of Missouri
Department of Insurance
Life and Health Section
**COMPLIANCE CERTIFICATION FOR
HEALTH CARE PROVIDER CONTRACTS**

P.O. Box 690 or
P.O. Box 4001 FOR CORRESPONDENCE WITH FEES
JEFFERSON CITY, MO 65102
TELEPHONE: (573) 751-4363

Health Maintenance Organization Name:

Form Number(s):

I have reviewed or supervised the preparation of the above documents. I hereby certify that to the best of my knowledge, information and belief the documents contained in this filing comply with all applicable requirements of Missouri statute chapter 354 and regulations promulgated thereunder.

I have also included the most current checklist developed by the Missouri Department of Insurance to aid in the preparation and review of health care provider contract filings. I have completed this checklist in further support of this compliance certification.

I understand and agree that the Director of the Missouri Department of Insurance may at any time make an additional review of the forms listed above. Any subsequent disapproval of such forms shall clearly set forth the reasons for disapproval and be based upon the requirements of the laws of this state or any regulations lawfully promulgated thereunder.

I acknowledge and agree that any contract provisions within the scope of this certification that are in conflict with the statutes and regulations of this state shall be construed to conform to the requirements of such statutes and regulations.

NAME

SIGNATURE

TITLE

DATE